

# **EXHIBIT D**

NEW YORK  
LONDON  
SINGAPORE  
PHILADELPHIA  
CHICAGO  
WASHINGTON, DC  
SAN FRANCISCO  
SILICON VALLEY  
SAN DIEGO  
BOSTON  
HOUSTON  
LOS ANGELES  
HANOI  
HO CHI MINH CITY  
ATLANTA

## DuaneMorris®

FIRM and AFFILIATE OFFICES

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www.duanemorris.com

BALTIMORE  
WILMINGTON  
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A GCC REPRESENTATIVE OFFICE  
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MEXICO CITY  
ALLIANCE WITH  
MIRANDA & ESTAVILLO

May 12, 2014

### FOR PURPOSES OF SETTLEMENT DISCUSSIONS ONLY

#### EMAIL AND FEDERAL EXPRESS

Kimberly Jordan Donovan, Esquire  
Squire Sanders LLP  
200 South Biscayne Boulevard  
Suite 4100  
Miami, FL 33131

Re: Prime Aid Pharmacy Corporation, NCPDP # 3194418

Dear Ms. Donovan:

As you recall this law firm represents Prime Aid Pharmacy Corporation ("Prime Aid"). As you are aware, by letter dated April 4, 2014, Humana Pharmacy Networks ("Humana") advised Prime Aid that Humana had decided to terminate Prime Aid from participating in its network because it believed that Prime Aid improperly shipped prescription drugs into a jurisdiction in which it was not licensed. We responded to Humana's letter on April 17, 2014 and are now writing to supplement our response to provide a more detailed explanation for the specific claims which you identified in your April 28, 2014 email. *See* attached Spreadsheet attached hereto as Exhibit A.

As a preliminary matter, Humana has no direct contract with Prime Aid. Humana accesses Prime Aid's services through Good Neighbor, a Pharmacy Benefit Manager. In point of fact, when the drugs in question were dispensed, Prime Aid was enrolled as a participating provider in Good Neighbor's pharmacy network to provide retail, mail order, and specialty pharmacy services. *See* Prime Aid's Good Neighbor Pharmacy Provider Agreement attached as Exhibit B. Moreover, the Medicare Part D Program specifically permits prescriptions to be dispensed via mail order. 42 C.F.R. § 423.120(a)(3). Therefore, there is no legal basis for Humana to dispute these claims merely because the prescriptions were dispensed via mail order.

DUANE MORRIS LLP

30 SOUTH 17TH STREET PHILADELPHIA, PA 19103-4196  
DM14661196.1

PHONE: +1 215 979 1000 FAX: +1 215 979 1020

Duane Morris

Kimberly Jordan Donovan, Esquire

May 12, 2014

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The spreadsheet identifies seven patients: two from Florida and five from Ohio. All of these patients are Medicare patients who require specialty drugs for chronic illnesses, including Hepatitis C, Idiopathic Thrombocytopenic Purpura (low platelets), and Overt Hepatic Encephalopathy. The two patients that Prime Aid shipped medications to in Florida ( ) were existing Prime Aid patients who ordered refills of their prescriptions but went on vacation prior to them being dispensed. Each patient requested that the prescription be mailed to them while on vacation in Florida so that their course of treatment would not be interrupted. Prime Aid firmly believes that it was required by New Jersey law to mail the prescriptions to the patients in Florida in order not to endanger the patient's health by interrupting a course of treatment prescribed for a chronic illness. *See* N.J.A.C. § 45:1-21(c); N.J.A.C. § 3:39-7.4, Fla. Stat. § 465.0275; Fla. Stat. § 381.026. As you may be aware, the interruption of a course of treatment can have devastating effects on chronically ill patients.

With regard to the Ohio patients ( ), these patients are existing Prime Aid patients who required specialty medications and requested that their medications be shipped to them in Ohio. Due to the expensive costs of these drugs, they are rarely, if ever, maintained in inventory at local pharmacies. Patients are almost always required to make or use specialty pharmacies, of which there are far fewer in communities (some of which are rural and do not have specialty pharmacies), to fill and oversee administration of these specialty prescriptions. Due to the serious nature of these patients' illnesses, it would have been potentially catastrophic to interrupt their therapeutic regime until their care could be transitioned to a resident specialty pharmacy. Consequently, under Prime Aid's legal obligation not to abandon patients during a course of medical treatment, Prime Aid shipped prescriptions to a limited number of patients in Ohio. *See* N.J.A.C. § 45:1-21(c); N.J.A.C. § 3:39-7.4. Accordingly, these isolated shipments in emergency situations should not serve as a basis for Humana's termination of Prime Aid from its network.

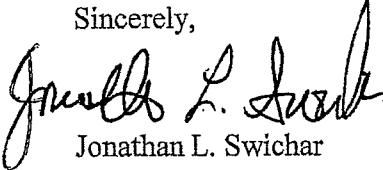
Based upon Prime Aid's long and unblemished history with Humana, we are hopeful that we can informally resolved this issue in a manner which permits Prime Aid to remain in Humana's pharmacy network. In that regard, we propose as a means to resolve this matter, the following: Prime Aid will agree not to ship medications into any State in which it does not hold a license, regardless of circumstances. Rather, Prime Aid will agree to contact Humana if it is requested to ship patients' medications into a state where it is not licensed and allow Humana to direct Prime Aid how to proceed (e.g. transfer the prescription, etc.). In addition, Prime Aid is willing to take whatever other corrective actions are requested by Humana to resolve this issue. If Humana pursues the termination of Prime Aid's participation in its network, we request a hearing to appeal Humana's decision in compliance with New Jersey law.

Duane Morris

Kimberly Jordan Donovan, Esquire  
May 12, 2014  
Page 3

Please contact me at 215-979-1816 to discuss this issue. We appreciate your cooperation in this matter.

Sincerely,



Jonathan L. Swichar

JLS:rmc  
Enclosure

cc: Prime Aid Pharmacy Corp.  
Michael M. Mustokoff, Esquire  
(both w/o enc.)

**Exhibit A**

3194418	PRIME AID	0000000275	319	1	THE CHRIST	0000548389	3/7/2014
3194418	PRIME AID	0000000275	319	1	THE CHRIST	0000548389	3/7/2014
3194418	PRIME AID	0000000238	320	7	HUMANA	0000258339	3/3/2014
3194418	PRIME AID	0000000304	320	7	HUMANA	0000258243	3/3/2014
3194418	PRIME AID	0000000301	320	7	HUMANA	0000258243	3/3/2014
3194418	PRIME AID	0000000304	320	7	HUMANA	0000258243	3/3/2014
3194418	PRIME AID	0000000301	320	7	HUMANA	0000258243	2/19/2014
3194418	PRIME AID	0000000088	320	7	HUMANA	0000235908	2/5/2014
3194418	PRIME AID	0000000301	320	7	HUMANA	0000258243	2/5/2014
3194418	PRIME AID	0000000301	320	7	HUMANA	0000258243	1/22/2014
3194418	PRIME AID	0000000233	320	7	HUMANA	0000258339	1/15/2014
3194418	PRIME AID	0000000304	320	7	HUMANA	0000258243	1/14/2014
3194418	PRIME AID	0000000304	320	7	HUMANA	0000258243	1/14/2014
3194418	PRIME AID	0000000300	320	7	HUMANA	0000258243	1/7/2014
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	12/20/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	12/10/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	12/10/2013
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	11/19/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	11/12/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	11/12/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	11/7/2013
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	10/16/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	10/8/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	10/8/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	9/12/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	9/10/2013
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	9/5/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	8/13/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	8/13/2013
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	8/12/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	8/6/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	8/6/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	7/17/2013
3194418	PRIME AID	0000000300	320	7	HUMANA	0000234354	7/17/2013
3194418	PRIME AID	0000000233	320	7	HUMANA	0000247152	7/15/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	5/7/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	5/7/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	5/7/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	5/7/2013
3194418	PRIME AID	0000000267	320	6	HUMANA	0000235412	5/7/2013

OH	45251	11	69	SOVALDI	\$100.00	\$27,200.00
OH	45251	11	69	RIBAPAK	\$100.00	\$1,024.52
OH	43302	11	75	XIFAXAN	\$462.74	\$917.96
OH	45140	11	69	SOVALDI	\$0.00	\$27,300.00
OH	45246	11	69	SOVALDI	\$1,365.00	\$25,935.00
OH	45140	11	69	RIBAPAK	\$0.00	\$1,124.52
OH	45246	11	69	RIBASPHER	\$3.76	\$71.37
FL	33914	11	69	HUMIRA 40	\$1,096.03	\$1,344.04
OH	45246	11	69	SOVALDI	\$3,214.39	\$24,085.61
OH	45246	11	69	RIBASPHER	\$75.13	\$0.00
OH	43302	11	75	XIFAXAN	\$455.63	\$925.07
OH	45140	11	69	RIBAPAK	\$2.55	\$1,121.97
OH	45140	11	69	SOVALDI	\$5.88	\$27,294.12
OH	45601	11	69	RIBAVIRIN	\$45.00	\$35.50
OH	43302	11	75	XIFAXAN	\$69.04	\$1,311.66
OH	45601	11	69	RIBAVIRIN	\$4.03	\$76.47
OH	45601	11	69	PEGASYS	\$150.40	\$2,857.55
OH	43302	11	75	XIFAXAN	\$406.29	\$974.41
OH	45601	11	69	PEGASYS	\$140.56	\$2,670.56
OH	45601	11	69	RIBAVIRIN	\$4.03	\$76.47
OH	45601	11	69	PROMACTA	\$972.49	\$7,077.21
OH	43302	11	75	XIFAXAN	\$655.83	\$724.87
OH	45601	11	69	PEGASYS	\$140.56	\$2,670.56
OH	45601	11	69	RIBASPHER	\$3.76	\$71.37
OH	45601	11	69	PEGASYS	\$140.56	\$2,670.56
OH	45601	11	69	RIBASPHER	\$3.76	\$71.37
OH	43302	11	75	XIFAXAN	\$655.83	\$724.87
OH	45601	11	69	PEGASYS	\$488.04	\$2,323.08
OH	45601	11	69	RIBASPHER	\$3.76	\$71.37
OH	43302	11	75	XIFAXAN	\$479.29	\$907.41
FL	33607	11	78	ATORVAST	\$1.15	\$32.07
FL	33607	11	78	PANTOPRA	\$1.15	\$9.09
OH	45601	11	69	PEGASYS	\$1,335.28	\$1,475.84
OH	45601	11	69	RIBASPHER	\$59.35	\$15.78
OH	43302	11	75	XIFAXAN	\$455.63	\$925.07
FL	33607	11	78	AMLODIPIN	\$1.15	\$11.24
FL	33607	11	78	PANTOPRA	\$1.15	\$9.09
FL	33607	11	78	ATORVAST	\$1.15	\$32.07
FL	33607	11	78	CARVEDILO	\$1.15	\$22.01
FL	33607	11	75	CLONIDINE	\$1.15	\$5.37

\$27,300.00	1446680366
\$1,124.52	1446680329
\$1,380.70	1446208714
\$27,300.00	1446533002
\$27,300.00	1446769141
\$1,124.52	3446667025
\$75.13	1445354382
\$2,440.04	3443668814
\$27,300.00	1443647514
\$75.13	1443257976
\$1,380.70	1441525899
\$1,124.52	1441429286
\$27,300.00	1441478830
\$80.50	3440726177
\$1,380.70	1375469688
\$80.50	1374406777
\$3,007.95	1374423542
\$1,380.70	1372304048
\$2,811.12	1371688846
\$80.50	3371623115
\$7,449.70	1371179484
\$1,380.70	1368921286
\$2,811.12	1368122451
\$75.13	1368122459
\$2,811.12	1365521770
\$75.13	1365380689
\$1,380.70	1364822409
\$2,811.12	1362528825
\$75.13	1362577379
\$1,380.70	1362472610
\$33.22	3361821314
\$10.24	3361821317
\$2,811.12	1359840680
\$75.13	1359824258
\$1,380.70	1359633620
\$12.39	1352722264
\$10.24	1352722678
\$33.22	1352722260
\$23.16	1352722252
\$6.52	1352722257



**Exhibit B**

## SCHEDULE 4

## Provider Certification, Questionnaire, and Type of Service

PSAO is to seek completion of the Provider Certification from each PSAO Pharmacy.

GENERAL INFORMATION		TODAY'S DATE
NCPDP# <u>219091478</u>		1/15/13
(Please attach additional list of pharmacies w/ identical Federal Tax ID) OR CHAIN CODE: <u>904</u>		INSURANCE CARRIER: <u>2011 FARMERS GROUP COMPANY</u> (Attach Certificate of Insurance) We require comprehensive general liability coverage of \$1,000,000 per occurrence/\$1,000,000 annual aggregate. A copy of your liability coverage showing these levels must be attached.
NPI#: <u>1588792865</u>		HOURS/DAYS OF SERVICE:
LEGAL NAME: <u>Prime Aid Pharmacy Corp</u>		MON-FRI: <u>9:00 A.M. - 7:00 P.M.</u>
DBA NAME: _____		SAT: <u>10:00 A.M. - 6:00 P.M.</u>
PHYSICAL ADDRESS: <u>3915 Bengallia Ave</u>		SUN: _____ A.M. - _____ P.M.
CITY: <u>Union City</u> STATE: <u>NJ</u>		NAME OF CURRENT OWNER: <u>Igor Fleishman</u>
ZIP: <u>07087</u>		PHARMACIST IN CHARGE: <u>Hyun M Yu</u> (Attach copy of license)
PHONE: <u>800-731-4553</u>		MEDICAID #: <u>0133159</u>
FAX: <u>201-864-0105</u>		STATE ISSUED FROM: <u>NJ</u>
FEDERAL TAX ID: <u>205632891</u>		
STATE TAX ID: <u>1312439</u>		
STATE ISSUED FROM: <u>NJ</u>		
STORE FEDERAL DEA #: <u>02-80886</u> (Attach copy of license)		STORE LICENSE #: <u>28 RS 00668800</u> (Attach copy of license)
REMITTANCE ADDRESS (IF DIFFERENT FROM ABOVE)		
NAME TO BE PRINTED ON CHECK:		SOFTWARE VENDOR: <u>Rx Key</u>
<u>Prime Aid Pharmacy Corp</u>		SWITCHING COMPANY: <u>Relay Health</u>
ADDRESS: <u>3915 Bengallia Ave</u>		CONTACT PERSON: <u>Elie Khalife</u>
CITY: <u>Union City</u>		E-MAIL (if available): <u>ekhalife@relayhealth.com</u>
STATE/ZIP: <u>NJ 07087</u>		Pharmacy Website: <u>Primeaidrx.com</u>
Provider Directory Information: If you would like the store directory information to be listed different than above please contact Express Scripts Network Contracting & Management at 866-266-9943.		NOTE: It is the responsibility of the provider to notify Express Scripts in writing of any changes to their pharmacy information.

Schedule 4 - 1

## SCHEDULE 4 CONTINUED

QUESTIONNAIRE SECTION			YES	NO
1	Are any 6 or more pharmacies covered by this contract assigned the same NCPDP chain code? If yes, please list NCPDPs & the applicable chain code.		X	
2	Is this pharmacy an open-door pharmacy where you fill prescriptions for all walk-in customers without restrictions? If no, please provide detailed explanation of pharmacy restrictions.	X		
3	Do you maintain electronic patient profiles?	X		
4	Do you review prescriptions dispensed for drug interactions?	X		
5	Is this pharmacy equipped to submit claims electronically in the most current NCPDP format?	X		
6	Are you affiliated with a buying group or Co-op other than a PSAC (i.e., a GPO)? If yes, please list name of affiliated buying group.			X
7	Is this pharmacy affiliated with any other pharmacy or entity which presently maintains a pharmacy agreement with ESI? If yes, please list the name of the entity currently holding an agreement with ESI.			X
8	Do you provide any special services or have distribution rights to any specialty medications? If yes, please attach detail on services or specialty medications supplied.	X		
9	In the last 10 years, has your pharmacy or another pharmacy you have owned been disciplined by a State Board of Pharmacy, a government entity, or any other regulatory authority (i.e., State or Federal DEA or the State Medicaid Department)? If yes, please attach explanation of action taken, board order letter, and any other supporting documents from the State Board of Pharmacy, government entity, or other regulatory authority.			X
10	In the last 10 years, have any of your pharmacists been disciplined by a State Board of Pharmacy, a government entity, or any other regulatory authority (i.e., State or Federal DEA or the State Medicaid Department)? If yes, please attach details and letter(s) of disciplinary action.			X
11	In the last 10 years, has the pharmacy, under current ownership, or any of its currently employed pharmacists been the subject of a civil lawsuit or criminal prosecution for fraud, deceit, deception, or a similar offense involving moral turpitude? If yes, please attach detailed explanation.			X
12	In the last 10 years, has the pharmacy, under current ownership, or any of its principals filed for bankruptcy, reorganization, or made a general assignment in favor of creditors? If yes, please attach detailed explanation.			X
13	In the last 10 years, has the pharmacy or any of its principals or pharmacists ever been suspended or excluded by the Office of Inspector General (OIG) from participating in any federal or state health care program (e.g., Medicare, Medicaid, TRICARE) or by the General Services Administration (GSA) from participating in any government contract services? If yes, please attach detailed explanation including applicable dates.			X
14	Has this Pharmacy participated in an Express Scripts, Inc. network before? If yes, when and under what name(s) and NCPDP number(s)? <u>Pharm. owned 319-414-118</u>	X		
15	Have any of the owners, officers, or directors of the Pharmacy owned any other pharmacy that has participated in an Express Scripts, Inc. network? If yes, please attach a list of the pharmacies, their NCPDP number(s), and the names of the owners, officers, and directors.			X
16	Has the Pharmacy ever changed names? If yes, please attach a list of the previous name(s), NCPDP number(s), if different, and the date(s) the name changed.			X
17	Has the Pharmacy ever undergone a change in ownership? If yes, please attach a list of the previous owner's name(s), ownership dates, and NCPDP number(s) if different.			X
18	Is the Pharmacy a Medicare Part B Provider? If yes, please provide this Pharmacy's Part B Provider Number.			X

Schedule 4 - 2



## SCHEDULE 4 CONTINUED

Check all that apply	Type of Sales	Estimated % of Total Sales
<input checked="" type="checkbox"/>	Open Door Retail Pharmacy (accepts all walk-in customers)	30%
<input checked="" type="checkbox"/>	Mail Order	20%
<input checked="" type="checkbox"/>	Medicaid	10%
<input type="checkbox"/>	Long Term Care/Nursing Home	
<input type="checkbox"/>	Internet Pharmacy	
<input type="checkbox"/>	Home Infusion	
<input type="checkbox"/>	Self-Administered Injectable Services	
<input type="checkbox"/>	Compound Services	
<input checked="" type="checkbox"/>	Other: Specialty	30%
	Total	= 100%

I certify that each answer on this Provider Certification (including attachments) is true and correct.

I agree to notify ESI in writing in the event there is any change in the information provided which would make any part of this Provider Certification untrue or inaccurate.

I realize that if any answer is incorrect or changes at any time during the term of the pharmacy's Agreement with ESI and the pharmacy fails to immediately notify ESI in writing of an accurate correction or change, the pharmacy's Agreement with ESI may be immediately terminated by ESI.

I give ESI and its designee(s) if any, permission to contact any individual, company, organization, etc., including state and federal licensing agencies, necessary to verify information submitted herein and to ask questions about disciplinary action, the pharmacy's license or any pharmacist licensed, employed by or dispensing prescriptions at the pharmacy.

Initials: TF

(Owner/Pharmacist)

NCPDP: 3196918

Pharmacy Name: Premier Pharmacy

## Document Checklist (Copies of all are REQUIRED)

- ☐ Enclose a copy of the letter confirming Pharmacy NPI assignment.
- ☐ Enclose a copy of both your State Pharmacy Permit and Pharmacist-in-Charge License.
- ☐ Enclose a copy of your State Board Primary Source Verification (not to be older than 90 days) for both the State Pharmacy Permit and Pharmacist-in-Charge License.
- ☐ Enclose a copy of your pharmacy's Federal DEA License.
- ☐ Enclose a copy of your pharmacy's Insurance Certification - including liability coverage (\$1M per occurrence and \$3M annual aggregate is required).
- ☐ Enclose a copy of a completed IRS W-9 Form (Request for Federal Taxpayer Identification Number and Certification) for Provider (or for each Pharmacy location, if Legal Name varies from location to location).
- ☐ Enclose a document confirming Provider's Legal Name and Federal Taxpayer Identification Number or, if Legal Name varies from location to location, provide the Federal Taxpayer Identification Number for each Legal Name/Entity (IRS Notice CP575 preferred, or other pre-printed IRS or Federal tax document, i.e., pre-printed tax payment coupon).

## STATE SPECIFIC REQUIREMENTS:

- ☐ CALIFORNIA Providers Only: Board of Equalization Sellers Permit.

Schedule 4 - 3



Yahoo! Mail - ys8896@yahoo.com

Page 1 of 2

Yahoo! My Yahoo! Mail

Make it your home page

Search:

Yahoo! Search

**YAHOO! MAIL**Welcome, ys8896  
(Sign Out, My Account)

Mail Home Mail Tutorials Help

**YAHOO! PERSONALS PREMIER**

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Addresses

Calendar

Notepad

Mail For Mobile Mail Upgrades Options

Check Mail

Compose

Search Mail

Search the Web

Earn a degree  
in less than 1 yr

Folders

[Add] [Edit]

Inbox (38)

Draft

Sent

Bulk (34)

[Empty]

Trash

[Empty]

Search Shortcuts

My Photos

My Attachments

See your credit  
score - freeEarn a degree  
in 1 yrMortgage Rates  
as low as 2.5%Degrees online  
as fast as 1 year

Previous | Next | Back to Messages

Delete

Reply

Forward

Print

Move

This message is not flagged. [Flag Message] [Mark as Unread]

Date: Thu, 1 Mar 2007 03:41:26 -0500 (EST)

From: customer.service@npenumerators.com

[Add to Address Book] [Add Mobile A...]

To: ys8896@yahoo.com

Subject: NP National Provider Identifier

A request for a National Provider Identifier for the following  
was recently submitted to <https://npes.cms.hhs.gov>:  
Prime And Pharmacy, Inc.  
205633289

Practice Location: 3915 Bergenline Ave  
Union City, NJ 07087-4899

Provider Taxonomy: 3336C0003X Pharmacy Community/R  
Pharmacy

Since you were listed as the contact person, this is to inform  
the request was successfully processed, and the following NPI  
assigned to the organization above: 205633289. The User ID  
assigned for this NPI is ys8896. Please use this User ID when  
the National Provider System at <https://npes.cms.hhs.gov>.

If you have any questions about this identifier you may:

1.) Refer to the NPI website  
(<https://npes.cms.hhs.gov>), or

2.) Contact the NPI Enumerator at:

NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059  
1-800-765-3203 (NPI)  
1-800-692-2326 (NPI)

[customer.service@npenumerators.com](mailto:customer.service@npenumerators.com)



1000106

**CMS****FOX**  
Systems, Inc.

NPI Enumerator

000049

Prime Aid Pharmacy Corp  
 Attn: Yvonne Schneider Attorney  
 3915 Bergenline Avenue  
 Union City, NJ 07087

Subject: National Provider Identifier

Enumeration Date: March 1, 2007

A request for a National Provider Identifier for the following provider was recently submitted to [nppes.hhs.gov](http://nppes.hhs.gov), and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: 1538792865.

Prime Aid Pharmacy Corp  
 EIN: ----2891

Practice Location:  
 3915 Bergenline Avenue  
 Union City, NJ 07087

Other Identification Numbers:

Issuer: MEDICARE-NIC  
 Number: 6920850001  
 State: NJ

Provider Taxonomies:

Taxonomy: 333600093X  
 Details: Pharmacy/Community/Retail Pharmacy

Taxonomy: 333600093X  
 License: 28RS0066800 State: NJ  
 Details: Pharmacy - Community/Retail Pharmacy  
 This is the Primary Taxonomy.

Taxonomy: 333600011X  
 License: 28RS0066800 State: NJ  
 Details: Pharmacy - Specialty Pharmacy

Taxonomy: 333600023X  
 License: 28RS0066800 State: NJ  
 Details: Pharmacy - Mail Order Pharmacy

NPI Enumerator

1000106

1000106

1000106

1000106

**CMS**

**FOX**  
Systems, Inc.

NPI Enumerator

If you have any questions about this notification you may contact the NPI Enumerator at:

NPI Enumerator  
P.O. Box 6069  
Arlington, VA 22203-6069  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY)  
customerservice@npienumerator.com

You may view or change this provider's NPPES information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

Please note, if you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.

NPI Enumerator